



IDAHO DEPARTMENT OF HEALTH & WELFARE

Children's Developmental Disability – Idaho Medicaid

Please note that this is a sample fee schedule that includes both the rates as of today and rates if the Department is approved for \$3.8 million. This does not include the funding if Evidence-Based Model rates are approved.

Procedure Code	Modifier	Description	If No Funding Approved	If Funded 3.8M
H2014		Habilitative Skill – Individual (1 Unit = 15min)	\$5.69	\$7.26
96150	HN	Behavioral Assessment - Intervention Specialist (1 Unit = 15min)	\$11.99	\$12.91
	HO	Behavioral Assessment – Intervention Professional (1 Unit = 15min)	\$17.12	\$17.80
	TF	Behavioral Assessment – EBM Intervention Specialist (1 Unit = 15min)	\$11.99	\$12.91
	TG	Behavioral Assessment – EBM Intervention Professional (1 Unit = 15min)	\$17.12	\$17.80
96152	HN	Behavioral Intervention – Individual - Intervention Specialist (1 Unit = 15min)	\$11.99	\$12.91
	HO	Behavioral Intervention – Individual – Intervention Professional (1 Unit = 15min)	\$17.12	\$17.80
	HM	Behavioral Intervention – Individual – School-Based Intervention Paraprofessional (1 Unit = 15min)	\$5.69	\$7.26
		Behavioral Intervention – Individual – EBM Intervention Paraprofessional (1 Unit = 15min)	\$5.69	\$7.26
	TF	Behavioral Intervention – Individual – EBM Intervention Specialist (1 Unit = 15min)	\$11.99	\$12.91
	TG	Behavioral Intervention – Individual – EBM Intervention Professional (1 Unit = 15min)	\$17.12	\$17.80
96153	HN, HQ	Behavioral Intervention – Group - Intervention Specialist (1 Unit = 15min)	\$4.82	\$5.16
	HO, HQ	Behavioral Intervention – Group – Intervention Professional (1 Unit = 15min)	\$6.85	\$7.12
	HM, HQ	Behavioral Intervention – Group – School-Based Intervention Paraprofessional (1 Unit = 15min)	\$2.26	\$2.90
	HQ	Behavioral Intervention – Group – EBM Intervention Paraprofessional (1 Unit = 15min)	\$2.26	\$2.90
	TF, HQ	Behavioral Intervention – Group – EBM Intervention Specialist (1 Unit = 15min)	\$4.82	\$5.16
	TG, HQ	Behavioral Intervention – Group – EBM Intervention Professional (1 Unit = 15min)	\$6.85	\$7.12

Procedure Code	Modifier	Description	If No Funding Approved	If Funded 3.8M
H2019	HO	Behavioral Consultation – Intervention Professional (1 Unit = 15min)	\$17.12	\$17.80
	TG	Behavioral Consultation – EBM Intervention Professional (1 Unit = 15min)	\$17.12	\$17.80
H2011	HN	Crisis Intervention – Intervention Specialist (1 Unit = 15min)	\$11.99	\$12.91
	HO	Crisis Intervention – Intervention Professional (1 Unit = 15min)	\$17.12	\$17.80
	HM	Crisis Intervention – School-Based Intervention Paraprofessional (1 Unit = 15min)	\$5.69	\$7.26
	HA	Crisis Intervention – Technician (1 Unit = 15min)	\$5.69	\$7.26
		Crisis Intervention – EBM Intervention Paraprofessional (1 Unit = 15min)	\$5.69	\$7.26
	TF	Crisis Intervention – EBM Intervention Specialist (1 Unit = 15min)	\$11.99	\$12.91
	TG	Crisis Intervention – EBM Intervention Professional (1 Unit = 15min)	\$17.12	\$17.80
99368		Interdisciplinary Training (Medical team conference/interdisciplinary team of health professionals: participation by non-physician qualified health care professional's patient and or Family not present) (1 Unit = 30min)	\$23.98	\$25.82

The following services are support services, deducted from a child's independent budget.				
Procedure Code	Modifier	Description	If No Funding Approved	If Funded 3.8M
H0024	HA	Family Education – Individual (Behavioral health prevention information dissemination service) (1 Unit = 15min)	\$11.99	\$12.91
	HQ	Family Education – Group (Behavioral health prevention information dissemination service) (1 Unit = 15min)	\$5.23	\$4.30
H2015	HA	Habilitative Supports – Individual (Comprehensive Community Support Services) (1 Unit = 15min)	\$5.69	\$7.26
	HQ	Habilitative Supports – Group (Comprehensive Community Support Services) (1 Unit = 15min)	\$2.26	\$2.90
T1005		Respite Care Services – Individual, by DDA (1 Unit = 15min)	\$3.66	\$3.66
	HA	Respite Care Services – Individual, by Independent Respite Provider (1 Unit = 15min)	\$2.17	\$2.17
	HQ	Respite Care Services – Group, by DDA (1 Unit = 15min)	\$1.58	\$1.22
Use only for Family -Directed Services				
T2025		Community Support Services, Family Directed. (Waiver services not otherwise specified) (NOS)	Manual Price	
T2040		Fiscal Employer Agent (FEA) – Family Directed (Financial Management, Self-directed)	Manual Price	

Thank you for your continued participation in the Idaho Medicaid Program.